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Interaction Techniques

Following are some of the techniques described in Miller and Rollnick's Motivational Interviewing book and NIAAA's Project MATCH Motivational Enhancement Therapy Manual.

Interaction Techniques

The following section focuses on interaction techniques for motivational interviewing counselors.

Interaction Techniques

The basic approach to interactions in motivational interviewing is captured by the acronym OARS: (1) Open-ended questions, (2) Affirmations, (3) Reflective listening and (4) Summaries. The acronym is a nice image. It gives us power to move, yet it is not a powerboat. We don't zip from one place to another, yet with sustained effort OARS can take us a long way.

Open-ended questions are those therapist utterances that client's cannot answer with a "yes", "no" or "three times in the last week". Most people begin treatment sessions with an open-ended question - "What brings you here today?" or "Tell me about what's been happening since we last met?" An open-ended question allows the client to create the impetus for forward movement. Although close-ended questions have their place - indeed are necessary and quite valuable at times - the open-ended question creates a forward momentum that we wish to use in helping the client explore change. For example, "So what makes you feel that it might be time for a change?"

Affirmations are statements of recognition about client strengths. We side firmly with Carlo DiClemente that many people who come for our assistance are failed self-changers. That is, they tried to alter their behavior and it didn't work. As a result, clients come to us demoralized or at least suspicious of the assertion that change is possible. This condition means that as therapists, we must help clients feel that change is possible and that they are capable of implementing that change. One method of doing this is to point out client strengths, particularly in areas where they observe only failure. We often explore prior attempts at change. For example, "So you stayed sober for a week after treatment. How were you able to stay sober for that week?" We also use resistance as a source for affirmations. For example, "You didn't want to come today, but you did it anyway. I'm not sure, but it seems like that if you decide something is important enough, you are willing to put up with a lot just to do it."

Affirmations can be wonderful rapport builders. For clients suffering from addictions, affirmations can be a rare commodity. However, they must be congruent and genuine. If the client thinks you are insincere, then rapport can be damaged rather than built.

Reflective listening is the key to this work. The best motivational advice we can give you is to listen carefully to your clients. They will tell you what has worked and what hasn't. What moved them forward and shifted them backward. Whenever you are in doubt about what to do, listen. But remember this is a directive approach. Unlike Rogerian therapists, you will actively guide the client towards certain materials. You will focus on their change talk and provide less attention to non-change talk. For example, "You are not quite sure you are ready to make a change, but you are quite aware that your drug use has caused concerns in your relationships, effected your work and that your doctor is worried about your health."

You will also want to vary your level of reflection. Keeping reflections at the surface level may lead to that feeling that the interaction is moving in circles. Reflections of affect, especially those that are unstated but likely, can be powerful motivators. For example, "Your children aren't living with you anymore; that seems painful for you." If you are right, the emotional intensity of the session deepens. If you are wrong or the client is unready to deal with this material, the

client corrects you and the conversation moves forward.

The goal in MI is to create forward momentum and to then harness that momentum to create change. Reflective listening keeps that momentum moving forward. This is why Bill and Steve recommend a ratio of three reflections for every question asked. Questions tend to cause a shift in momentum and can stop it entirely. Although there are times you will want to create a shift or stop momentum, most times you will want to keep it flowing.

Finally, there are **summaries**. This is really just a specialized form of reflective listening where you reflect back to the client what he or she has been telling you. Summaries are an effective way to communicate your interest in a client, build rapport, call attention to salient elements of the discussion and to shift attention or direction. Personal preference will determine how often you do these, but we recommend doing them relatively frequently as too much information from the client can be unwieldy for the therapist to digest and feedback. Also, if the interaction is going in an unproductive or problematic direction (e.g., reinforcing status quo talk, encountering resistance), the summary can be used to shift the focus of the intervention.

The structure of the summary is straightforward. It begins with an announcement that you are about to summarize, a listing of selected elements, an invitation to correct anything missed and then usually an open-ended question. If ambivalence was evident in the interaction that preceded the summary, this should be included in the summary. Here's an example,

"Let me stop and summarize what we've just talked about. You're not sure that you want to be here today and you really only came because your partner insisted on it. At the same time, you've had some nagging thoughts of your own about what's been happening, including how much you've been using recently, the change in your physical health and your missed work. Did I miss anything? I'm wondering what you make of all those things."

The goal is not to acquire ammunition, which is then turned on the client in a defense-overwhelming manner, but instead is a reflection of what the client has said and where the client is encouraged to supply the meaning. This is an

area where you need to watch that your wisdom and experience doesn't keep you from listening to your client's understanding of the problem. It is this understanding that will guide their efforts at change or maintaining the status quo.

The goal is using the OARS is to move the person forward by eliciting change talk, or self-motivational statements. Change talk involves statements or affective communications that indicate the client may be considering the possibility of change. Miller and Rollnick organize this talk into four categories: problem recognition, concern about the problem, commitment to change and belief that change is possible. Essentially, any statement oriented toward the present or future, either in the cognitive or emotional realm, may represent a self-motivational statement. For example, "I think that using may be causing problems" (present-cognitive); "I'm kind of worried that things may be getting out of hand" (present-emotional); "I'm definitely going to do something about that" (future-cognitive); "You know, I'm starting to feel like this just might work out" (future-emotional).

More on Reflections, Rolling with Resistance, Reframing

The following section focuses more on specific interaction techniques for counselors to try in order to reduce client resistance once it occurs.

Simple Reflection

One way to reduce resistance is simply to repeat or rephrase what the client has said. This communicates that you have heard the person, and that it is not your intention to get into an argument with the person.

Client: But I can't quit drinking. I mean, all of my friends drink!

Counselor: Quitting drinking seems nearly impossible because you spend so much time with others who drink.

Client: Right, although maybe I should.

Amplified Reflection

This is similar to a simple reflection, only the counselor amplifies or exaggerates the point to the point where the client may disavow or disagree with it. It is important that the counselor not overdo it, because if the client feels

mocked or patronized, he or she is likely to respond with anger.

Client: But I can't quit using. I mean, all of my friends use!

Counselor: Oh, I see. So you really couldn't quit using because then you'd be too different to fit in with your friends.

Client: Well, that would make me different from them, although they might not really care as long as I didn't try to get them to quit.

Double-sided Reflection

With a double-sided reflection, the counselor reflects both the current, resistant statement, and a previous, contradictory statement that the client has made.

Client: But I can't quit drinking. I mean, all of my friends drink!

Counselor: You can't imagine how you could not drink with your friends, and at the same time you're worried about how it's affecting you.

Client: Yes. I guess I have mixed feelings.

Shifting Focus

Another way to reduce resistance is simply to shift topics. It is often not motivational to address resistant or counter-motivational statements, and counseling goals are better achieved by simply not responding to the resistant statement.

Client: But I can't quit drinking. I mean, all of my friends drink!

Counselor: You're getting way ahead of things here. I'm not talking about your quitting drinking here, and I don't think you should get stuck on that concern right now. Let's just stay with what we're doing here - talking through the issues - and later on we can worry about what, if anything, you want to do about it.

Client: Well I just wanted you to know.

Rolling with Resistance

Resistance can also be met by rolling with it instead of opposing it. There is a paradoxical element in this, which often will bring the client back to a balanced or opposite perspective. This strategy can be particularly useful with clients who present in a highly oppositional manner and who seem to reject every idea or suggestion.

Client: But I can't quit using. I mean, all of my friends use!

Counselor: And it may very well be that when we're through, you'll decide that it's worth it to keep on drinking as you have been. It may be too difficult to make a change. That will be up to you.

Client: Okay.

Reframing

Reframing is a strategy in which you invite clients to examine their perceptions in a new light or a reorganized form. In this way, new meaning is given to what has been said. For example, if a client reports a spouse or loved one as saying, "You really need to get in treatment and deal with these problems," the client may view this as "she's such a nag" or "he is always telling me what to do." The counselor can reframe this as "this person must care a lot about you to tell you something he (or she) feels is important to you, knowing that you will likely get angry with him (or her)."

Reframing can also be used to discuss the issue of tolerance. Clients may report that they are especially good at holding their liquor, or may view their substance use as non-problematic because they don't "even really get high anymore." This gives the counselor the opportunity to discuss notions about tolerance, and reframe it to the client as not having a built-in warning system to indicate when he or she has "had enough." Thus, what originally appears to support the concept that there is no problem ("I can hold it") now supports the concept that there may be a problem ("I'm at risk for overdoing it without knowing it until it's too late").

Material adapted from *Ingersoll, Wagner & Gharib, 2000; NIAAA Project MATCH Motivational Enhancement Therapy manual (Miller, Zweben, DiClemente, & Rychtarik, 1992; Rosengren & Wagner, 2001.*

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